MISSOURI CUSTOMIZED TRAINING PROGRAM

CLASSROOM PARTICIPANT TRAINING SUMMARY

(Complete LEA and EMPLOYER INFORMATION in all cases where DWD or DESE-approved training occurred)

LEA:		COUNTY / DISTRICT CODE:/				
	WORKFORCE INVESTMENT AREA:					
EMPLOYE	ER INFORMATION (Cor	nplete this sec	ction in all o	cases)		
COMPANY NAME			CONTACT PERSO	· · · · · · · · · · · · · · · · · · ·		
COMPANY ADDRESS		1	TELE.#		FAX#	
CITY	STAT	MO Z	ZIP	E-MAIL		
APPROVED PROJECT DATE / /	ACTUAL TRAINING START DATE	:/	DATE	TRAINING WAS COME	PLETED /	
FUNDING SOURCE(S): Check one or both that apply: DWD DESE						
	FION (Complete this se					
*Category totals below and the	he number of trainees listed (se		ual <u>"Total NUME</u>	BER of trainees in pro	<u>oject"</u>	
		FORMATION				
TOTAL <u>NUMBER</u> OF TRAINEES IN PROJECT: (Unduplicated)		GENDER (Total <u>number</u> of trainees for each category):		EMPLOYEE STATUS (Total <u>number</u> of trainees for each category):		
	Male	Female	_	New	Existing	
*						
	DACE/NATIO	ONAL ORIGIN				
	(Total <u>number</u> of train		ory):			
Caucasian African	Hisp	anic		rican	Asian/Islander	
American	n		indian/	Eskimo		
	TION (Complete this se					
	DESE trainee information below					
TOTAL NUMBER OF	NFORMATION: CIP Co		Justomizea		OYEE STATUS	
TRAINEES IN PROJECT: (Unduplicated)	GEN	DEK		EWIFL	OTEE STATUS	
(Onduplicated)	Male	Female		New	Existing	
*						
^	RACE/NATIO	DNAL ORIGIN				
^	RACE/NATIO	DNAL ORIGIN				
African	Hispanic Ame	ONAL ORIGIN Prican (Eskimo	Asian	Native Hawa		
Caucasian African	Hispanic Ame	rican	Asian	Native Hawa		
Caucasian African	Hispanic Ame	rican	Asian	Native Hawa		
Caucasian African American EXECUTE: A second control of the contr	Hispanic Ame Indian/	erican Eskimo	DEPARTMEN	Native Hawa Other Pacific	Islander Unknown TARY AND SECONDARY	
Caucasian African American EXECUTE: A second control of the contr	Hispanic Ame Indian/ Indian/ F WORKFORCE DEVEL AFTER TRAINING IS CO	erican Eskimo LOPMENT or E	DEPARTMEN	Native Hawa Other Pacific NT OF ELEMEN	TARY AND SECONDARY H. If project is funded by	
Caucasian African American EXECUTE: A second control of the contr	Hispanic Ame Indian/ F WORKFORCE DEVEI AFTER TRAINING IS Co	erican Eskimo LOPMENT or E	DEPARTMEN	Native Hawa Other Pacific NT OF ELEMEN	TARY AND SECONDARY H. If project is funded by	
Caucasian African American RETURN THIS FORM TO THE DIVISION OF EDUCATION WITHIN 10 WORKING DAYS A DWD and DESE, mail a separate form or trainee names and Social Security Number	Hispanic Ame Indian/ F WORKFORCE DEVEI AFTER TRAINING IS Co	erican Eskimo LOPMENT or E	DEPARTMEN	Native Hawa Other Pacific NT OF ELEMEN THAN JULY 15T D must include	TARY AND SECONDARY H. If project is funded by an unduplicated list of	
Caucasian African American RETURN THIS FORM TO THE DIVISION OF EDUCATION WITHIN 10 WORKING DAYS A DWD and DESE, mail a separate form or	Hispanic Ame Indian/ F WORKFORCE DEVEI AFTER TRAINING IS Co	erican Eskimo LOPMENT or E	DEPARTMEN	Native Hawa Other Pacific NT OF ELEMEN THAN JULY 15T D must include	TARY AND SECONDARY H. If project is funded by	

CUSTOMIZED TRAINING

PROJECT TRAINEE'S LIST

(FOR DWD FUNDED PROJECTS ONLY)

COMPANY	LEA	DATE	PREPARER'S NAME		
Name (Printed or Typed)		Trainee's Social Security Number			